Mindfulness and Meditation-Based Relapse Prevention for Substance Use Disorders:

Research Case Series of Three Participants

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Abstract

Mindfulness and meditation-based relapse prevention has emerged as a promising adjunct to standard care for substance use disorders (SUDs). This case series reports on three de-identified participants who completed an eight-week mindfulness and meditation program aimed at reducing stress, improving coping skills, and supporting sustained sobriety. All participants demonstrated improvements in perceived stress and mindfulness scores. Two participants experienced relapse within 10–12 months, while one participant maintained long-term sobriety over 10 years. These findings highlight the feasibility of mindfulness-based interventions in clinical practice and provide descriptive insights to inform larger trials (Bowen et al., 2009; Garland et al., 2017).

Introduction

Substance use disorders remain a significant public health concern due to high rates of relapse and chronicity (McLellan et al., 2000). Traditional interventions often include cognitive-behavioral therapy, pharmacotherapy, and community support; however, relapse rates remain substantial (Marlatt & Donovan, 2005). Mindfulness-based relapse prevention (MBRP) has been developed as an adjunctive intervention to improve self-awareness, reduce stress, and enhance coping skills, thereby supporting long-term recovery (Bowen et al., 2009). This case series aims to describe the outcomes of three participants engaging in an eight-week mindfulness and meditation program, highlighting changes in stress, mindfulness, and relapse behavior.

Methods

Three de-identified participants were enrolled in an eight-week mindfulness and meditation program. The first participant was a 51-year-old female with a history of chronic alcohol use and prior relapses. The second participant was a 45-year-old female with intermittent opioid use who had maintained sobriety for 10 years. The third participant was a 30-year-old male with stimulant use (cocaine weekly for two years) who was participating in his first treatment attempt. The intervention consisted of weekly guided mindfulness meditation sessions, daily home practice, and group discussions focused on awareness, craving management, and relapse prevention skills (Kabat-Zinn, 2003). Outcome measures included self-reported perceived stress using the Perceived Stress Scale, mindfulness assessed with the Five Facet Mindfulness Questionnaire,

and relapse behavior monitored through participant journals and clinical interviews (Carmody & Baer, 2008). Ethics review was not required because this case series involved three de-identified participants.

Results

All participants demonstrated notable improvements in perceived stress and mindfulness scores following the eight-week program. The 51-year-old female experienced stress reduction and increased mindfulness skills, yet relapsed within 12 months after the program. The 45-year-old female also showed reductions in stress and increased mindfulness, and she maintained her sobriety over a ten-year period, reflecting long-term stability. The 30-year-old male displayed improvements in stress management and mindfulness awareness but experienced a relapse within ten months. Across all participants, qualitative observations indicated enhanced self-awareness, better emotional regulation, and increased engagement with coping strategies learned during the program. These descriptive findings support the feasibility and potential clinical benefits of mindfulness-based relapse prevention in a small clinical sample.

Discussion

This case series demonstrates that mindfulness and meditation-based interventions can be feasibly implemented in clinical settings for individuals with substance use disorders. Improvements in stress reduction and mindfulness skills were observed across all participants, suggesting that mindfulness-based interventions may enhance coping strategies and support recovery (Bowen et al., 2009; Garland et al., 2017). Relapse occurred in two participants within

one year, indicating that while mindfulness may improve self-regulation and awareness, additional support and ongoing interventions may be necessary for sustained recovery. The 45-year-old participant's long-term sobriety highlights that mindfulness practices can complement pre-existing recovery strategies effectively. Although the sample size is small and descriptive in nature, this case series provides important clinical insights and demonstrates the potential utility of mindfulness-based relapse prevention for SUDs. These observations can inform future larger-scale trials, including randomized controlled designs, to evaluate efficacy and long-term outcomes (Chiesa & Serretti, 2014).

References

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